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# Iowa Legislative Fiscal Bureau

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## An Update of the Case Management Program

### ISSUE

An update of the Department of Elder Affairs' Case Management Program for Frail Elderly, including individualized client plans and impact to individuals remaining in the home.

### AFFECTED AGENCIES

Department of Elder Affairs  
Department of Human Services  
Department of Inspections and Appeals

### CODE AUTHORITY

Section 231.56, Code of Iowa

### BACKGROUND

The 1986 General Assembly established a Long-Term Care Coordinating Unit including the above listed affected agencies. Two consumer members are appointed by the Governor to the Unit. One of the responsibilities of the Unit is to develop mechanisms and procedures to implement a community-based, case-managed system of long-term care services delivery based on the use of a comprehensive assessment tool.

Initiated in 1987 with two demonstration projects in Cerro Gordo and Linn Counties, the Program is currently utilized by all 13 Area Agencies on Aging administering case management programs for the frail elderly. As of October 2, 1995, 52 counties were designated participants in the Program. Four additional counties are expected to apply for designation effective February 1, 1996.

The Program is a comprehensive system in which each client's care is monitored by an individual case manager. The case manager assists the client in making appropriate use of the long-term care continuum. The System has several functions, including:

- Screening
- Assessment
- Interdisciplinary case conferences
- Written care plan

- Information about, referral to, or provisions of services
- Care monitoring
- Ongoing follow-up and reassessment to assure proper placement within the service array
- Evaluation of services results
- Discharge planning

The Iowa Association of Area Agencies on Aging has developed a brochure which outlines the benefits of the Case Management Program. The brochure is available at all 13 area agencies on aging.

Entry into the Case Management Program occurs through the Functional Abilities Screening Evaluation (FASE). The purpose of the Evaluation is to identify persons with multiple problems or service needs and recommend participation in a comprehensive assessment of health status and functional ability through the Iowa Assessment Tool. The Iowa Assessment Tool supplies information on an individual which is needed to make long-term care decisions by projecting multiple service needs. The presence of multiple areas of partial or total dependence are indicators of the need for coordination of services and case management. A person with multiple needs is invited to participate in an interdisciplinary team staffing where an individualized care plan is developed, initial arrangements for services are made, and a case manager is appointed.

Case management services are then provided. The services include:

- Implementation of the care plan
- Regular client communication
- Advocacy on behalf of the client
- Regular communication with the client's service providers
- Monitoring of services appropriateness
- Quality and frequency of services
- Regular reassessment of the client's needs

In addition, the Social Security Act authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements to cover an array of home and community-based services as an alternative to institutionalization. **Attachment A** lists the services included in Iowa's Home Care Option - Medicaid Elderly Waiver.

The targeted population served by the Program includes persons age 60 and over with potential for the following:

- Multiple or complex problems, often chronic in nature
- Multiple service needs
- Problems that are vague, poorly defined, or indicate a change in status
- Need of a personal advocate
- Circumstances exist making it difficult to remain at home
- Institutional care is being considered
- Evidence of physical or emotional abuse

## **CURRENT SITUATION**

The following 45 counties participated in the Case Management Program for Frail Elderly in FY 1995: Adair, Appanoose, Black Hawk, Bremer, Buena Vista, Butler, Calhoun, Cerro Gordo, Chickasaw, Clarke, Clay, Clinton, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Fayette, Franklin, Greene, Guthrie, Hamilton, Hancock, Hardin, Howard, Jackson, Jasper, Johnson,

Keokuk, Kossuth, Linn, Muscatine, Page, Plymouth, Pottawattamie, Pocahontas, Polk, Ringgold, Scott, Story, Van Buren, Winneshiek, Woodbury, Worth, and Wright. On October 2, 1995, the Commission of Elder Affairs approved an additional seven counties: Boone, Cedar, Dallas, Emmet, Grundy, Jones, and Washington. Four counties are expected to receive designation in January 1996: Cass, Cherokee, Fremont, and Lee. Discussion has been initiated to include three more counties by the end of FY 1996.

The following activities were reported to Department of Elder Affairs by the participating counties:

### FY 1996 Case Management Activities

Activity	Number	Notes
Functional Abilities Screening Evaluation (FASE)	5,318	
Iowa Assessment	2,243	
New Clients	1,900	
New Clients Meeting Medicaid Medical Necessity Criteria for Intermediate Level of Care	1,282	70.0% of New Clients
Total Clients Served in FY 1995	2,985	
Case Management Program Clients Receiving Medicaid Home- and Community-Based Services - Elderly Waiver Services	616	31.0% of Program Clients
<b>Discharges:</b>		
Rehabilitated/No Longer Need Services	170	18.0%
Institutionalized	371	39.0%
Death	231	24.0%
Request of the Client	120	12.0%
Moved from Area	43	4.0%
Client's Needs Could Not Be Met	13	1.3%
Inactive	12	1.2%
Other	7	1.0%
Total	967	
Average Length of Stay in Case Management Program of Discharged Clients:		8 months
Range of Length of Stay of Discharged Clients:	1 month to 5 years	

The typical Case Management Program client during FY 1995 was a white female, widowed, and living alone. The typical client required assistance with one or more of the following activities of daily living: feeding, dressing, grooming, bathing, toileting, and incontinence.

A survey of Program client satisfaction was completed in FY 1994. The results showed a high rate of satisfaction with both the services received and the case management process. Responses indicate that 95.0% of the respondents believed that the Program postponed institutionalization and 95.0% would recommend the Program to others.

**ALTERNATIVES**

The primary alternative to the Program is the premature institutionalization of individuals over 60 years of age. Premature institutionalization would result in the need for additional beds in nursing care facilities more costly than in-home care.

**BUDGET IMPACT**

The FY 1995 appropriation for the Program was \$750,000. For FY 1996, the appropriation has increased to a total of \$1,020,000. The increased funding is expected to make case management services and Home and Community-Based Services - Elderly Waiver available to older lowans in 15 additional counties by the close of FY 1996. The Department of Elder Affairs has requested a \$750,000 increased appropriation to the Program for each of the next two fiscal years. The funding increases would enable case management to be available in 79 counties in FY 1997 and 99 counties in FY 1998.

For the 616 Program clients who received services in June 1995, the cost to Medicaid for both home care services and medical services was \$613 per client. The following chart illustrates the typical payment from all public sources for an elderly waiver client and a nursing facility client.

**Statewide Average Monthly Payment (All Known Public Pay Sources)**

<b>Home- and Community-Based Cost Per Client</b>		
\$ 613		Per Home- and Community-Based Services Elderly Waiver Client Served (Includes actual FY 1995 Title XIX payment for both Elderly Waiver and Medical Services.)
10		United States Department of Agriculture, Food Stamps
7		Department of Energy, Low-Income Home Energy Assistance Program*
56		Housing and Urban Development, Housing Rental Assistance **
\$ 686		Average Monthly Payment from All Public Payment Sources per Typical Home- and Community-Based Services Elderly Waiver Client
<b>Institutional Cost Per Client</b>		
\$ 1,540		Per Nursing Facility Client Served (Includes actual FY 1995 payment for both Nursing Facility and Medical Services. Reflects Medicaid payment after client participation.)

\* Maximum Energy Grant paid equals \$80 per year.

\*\* A 65-year-old lowan living in Des Moines, with an income equal to the State mean income for persons age 65+ (\$15,500 per year or \$1,292 per month) and Medicaid HCBS - Elderly Waiver benefits, could expect to pay \$387.50 toward a fair market rent of \$444. The rent subsidy would be \$56.50 (property owners may have a higher negotiated allowable rent in urban communities).

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**HOME CARE OPTIONS  
MEDICAID ELDERLY WAIVER**

**WHO CAN QUALIFY?**

Persons who meet all of the following criteria:

- ◆ Age 65 or older
- ◆ Who need nursing home level of care
- ◆ Who live in one of these counties

Adair	Des Moines	Kossuth
Appanoose	Dickinson	Lee
Black Hawk	Dubuque	Linn
Boone	Emmet	Muscatine
Bremer	Fayette	Page
Buena Vista	Franklin	Plymouth
Butler	Fremont	Pocahontas
Calhoun	Greene	Polk
Cass	Grundy	Pottawattamie
Cedar	Guthrie	Ringgold
Cerro Gordo	Hamilton	Scott
Cherokee	Hancock	Story
Chickasaw	Hardin	Van Buren
Clarke	Howard	Washington
Clay	Jackson	Winneshiak
Clinton	Jasper	Woodbury
Dallas	Johnson	Worth
Decatur	Jones	Wright
Delaware	Keokuk	

- ◆ Meet income and resource guidelines
- ◆ Receive case management services through the Case Management Program For the Frail Elderly coordinated by the Area Agency on Aging.

**WHY IS IT A REQUIREMENT TO BE CASE MANAGED BY THE AREA AGENCY ON AGING CASE MANAGEMENT PROGRAM FOR THE FRAIL ELDERLY?**

- ◆ Case Management is a program of coordinated community services to help you remain in your own home

- ◆ Case Management can
  - help you identify needed community services
  - help you locate existing community services
  - act as an advocate in your behalf

**WHAT SERVICES MAY BE PROVIDED?**

Medicaid can pay for:

- ◆ Adult day care
- ◆ Assistive devices
- ◆ Chore
- ◆ Emergency response
- ◆ Home delivered meals
- ◆ Home health
- ◆ Homemaker
- ◆ Home and vehicle modification
- ◆ Mental health outreach
- ◆ Nutritional counseling
- ◆ Nursing care
- ◆ Respite care
- ◆ Senior companions
- ◆ Transportation

Medicaid can also help with medical expenses such as prescriptions, glasses, hospital bills, medical supplies, doctor bills.

**WILL I HAVE TO PAY FOR SERVICES?**

Not in most situations. However, if you receive a Veterans Administration Payment for Aid and Attendance that amount must be paid for waiver services.

**WILL I HAVE TO SIGN OVER MY HOME TO THE STATE?**

No, the home you own and live in is exempt as a resource.

**WHAT IS "ESTATE RECOVERY"?**

Persons age 55 and older who receive Medicaid benefits after 7/1/94 may have a claim filed against their estate when they die.

Inquiries about "estate recovery" should be directed to the applicant/recipients Department of Human Service Income Maintenance Worker.

**WHAT CAN'T THE ELDERLY WAIVER DO?**

- ◆ Provide 24 hour a day care
- ◆ Make a cash payment to you
- ◆ Pay a relative, friend or neighbor to care for you
- ◆ Keep everyone out of a nursing home

**WHERE DO I APPLY FOR THE ELDERLY WAIVER?**

Contact your county Department of Human Services

OR

Contact the Area Agency On Aging Case Management Program For the Frail Elderly